

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. APPLICANT/	101528705	FILING DATE
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CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
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42							92						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL NO.							TOTAL NO.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						